

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steven D. GOODMAN, et al.

Serial No: 10/614,072

Filed: July 2, 2003

For: PREVENTING TOOTH DECAY AND INFECTIVE  
ENDOCARDITIS USING NATURAL OLIGOPEPTIDES

Art Unit: 1645

Examiner: Lakia J. Tongue

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
February 22, 2005

Date of Deposit

Olga Berson, Reg. No. 55,001

Name

Signature *Olga Berson* 02/22/2005  
DateMail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for the above-identified application:

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.  
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20	**	LG=\$50 SM=\$25	\$
INDEPENDENT CLAIMS FEE	4	-	3	***	LG=\$200 SM=\$100	\$ 100
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$
TOTAL						\$ 100

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A check in the amount of \$100.00 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

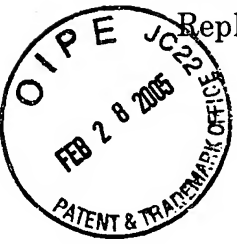
Dated: February 22, 2005

By: *Olga Berson*Olga Berson, Ph.D.  
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Application Serial No. 10/614,072  
Customer No.: 26021  
Reply to Office Action Dated November 24, 2004

PATENT  
89188.0046

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Confirmation No.: 6624

Art Unit: 1645

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Signature

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**AMENDMENT**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated November 24, 2004, please amend the  
above-referenced application as follows:

**Amendments** to the specification begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on  
page 3 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

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